

Boy Scout Merit Badge Courses



Swimming Merit Badge

Swimming is a leisure activity, a competitive sport, and a basic survival skill. Scouts who earn this badge will learn about safety when swimming and diving, how swimming can contribute to overall fitness and health, and gain some basic competitive swimming skills. This is a required merit badge for the Eagle Rank.

Swimming Merit Badge

l imes:	Registration Dates:
7 – 9 PM	Nov. 1 – Dec. 3
7 – 9 PM	Nov. 1 – Jan. 21
7 – 9 PM	Nov. 1 – Feb. 18
	7 – 9 PM 7 – 9 PM





Other Information:

Must have completed 2nd Class Requirements 7a, 7b and 7c and 1st Class Requirements 9a, 9b and 9c.

Lifesaving Merit Badge

The Main purpose of the Lifesaving Merit Badge is to prepare Scouts to assist those involved in water accidents, teaching them the basic knowledge of rescue techniques, the skills to perform them and the judgment to know when and how to act so that they can be prepared for emergencies. This is a required merit badge for the Eagle Rank.



Dates:	Times:	Registration Dates:	
Jan. 8, 15	7 – 9 PM	Nov. 1 – Jan. 7	
Feb. 5, 12	7 – 9 PM	Nov. 1 – Feb. 4	The same of the sa

Other Information:

Must have completed 2nd Class Requirements 7a, 7b and 7c and 1st Class Requirements 9a, 9b and 9c. Completion of Swimming Merit Badge is recommended.

Swim Checks, Webelos Aquanaut and 2nd & 1st Class Requirements

Pass the swim check required to participate in aquatics at camp! Complete the aquatic requirements for second and first class with the safety of a merit badge counselor and certified lifeguard. Also available is the Aquanaut Webelos Activity badge.

Swim Checks

Dates:	Times:	Registration Dates:
Dec. 17	7 – 9 PM	Nov. 1 – Dec. 16





Murray City Boy Scout Merit Badge Registration Form

Merit Badge Cost: Member/Resident: \$12 N	Non-Res. \$15 Swim Check C	ost: Member/	Resident: \$7 Non-Res. \$9	
Childs Name:		_ Age:	Birth Date:	
Class registering for:	Grad	de:	School:	
Address:		_ City:	Zip:	
Parent/Guardian Name:		Work Phone:		
Home Phone:E	mail Address:			
Emergency Contact:		Phone Number:		
Does the participant have any physical	limitations? No	Yes		
If yes, please explain:				
Head Injury and Concussion Policy				
In any sports activity run by the Murray City and events are sof age and younger from participating in a head injury				
The child will be prohibited from participating in any who is trained in the evaluation and management of health care provider stating that:				
the health care provider has, within three years be continuing education course in the evaluation tion in the sport activity.				
A child participant, or parent or legal guardian of a cinjury or concussion at any time during a game, class head injury was sustained, must immediately make	ss, course or season of a sports	activity, regard		
Before a child is allowed to participate in any City sp whether the child participant has ever sustained a c parent or legal guardian shall provide City with clear	oncussion or head injury. If a c	hild has previou		
The City, in its discretion, may consider temporary of head injury for participants who have previously s				
Before a child is allowed to participate in any City spedgement and release.	ports activity, the parent or guar	dian of the child	must sign the attached acknowl-	
As the parent or legal guardian; I acknowledge that Concussion and Head Injury Policy (the "Policy"). I		, understand, ar	nd agree to abide by Murray City's	
[] my child has not previously sustained a	a concussion or head injur	y; or		
[] my child has previously sustained a co- ceptable medical clearance.	ncussion or head injury an	d I have prov	rided the City with an ac-	
I release and agree to hold harmless the City from concussions or head injuries that arise when I have		sses, liabilities,	damages, costs and fees from	
In consideration of the acceptance of my application for damages, for death, personal injury, or property ter accrue as a result of participation in said event. I ger of accidents, and knowing those risks, I hereby and assumption of risk is to be binding on my heirs release form and agree to all of their terms and con-	damage which I, as the participal tis understood that some recre assume those risks. It is further and assigns. I have read and ur	ant, (or my chilo ational activities understood and	d) may have, or which may hereaf- s involve an element of risk or dan- d agreed that this waiver, release	
Signature of Parent/Guardian:			_ Date:	
			Office Use Only	
_	The Park Center		Paid \$	
PARK-CENTER	202 East Murray Park A (801)284-4200	Ave.	CASH CHECK VISA DISC AMEX MC	

Staff: